

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPL(CANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5	/		/			
6	2		/			
7	2		/			
8	2		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	0		/			
17	/	1	/			
18	/		/			
19	/		/			
20	/		/			
21	0		/			
22	0		/			
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48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	28	←	28	←		
TOTAL CLAIMS	31		28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						